

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000811

1. Entity Name

AMERICAN TREE CARE SERVICES, L.L.C.

Principal Place of Business

2025 N.W. 6TH STREET
GAINESVILLE FL 32609

Mailing Address

2025 N.W. 6TH STREET
GAINESVILLE FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3253316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPP, WESLEY J
2025 N.W. 6TH STREET
GAINESVILLE FL 32609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MANAGING MEMBER~~ ☐ Delete
NAME ~~Wesley J. Sapp~~
STREET ADDRESS ~~2025 N.W. 6TH STREET~~
CITY-ST-ZIP ~~GAINESVILLE FL 32609~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~MANAGING MEMBER~~ ☐ Delete
NAME ~~Wesley J. Sapp~~
STREET ADDRESS ~~2025 N.W. 6TH STREET~~
CITY-ST-ZIP ~~GAINESVILLE, FL 32609~~

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-30-2002 90004 010 ****50.00

86109



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)